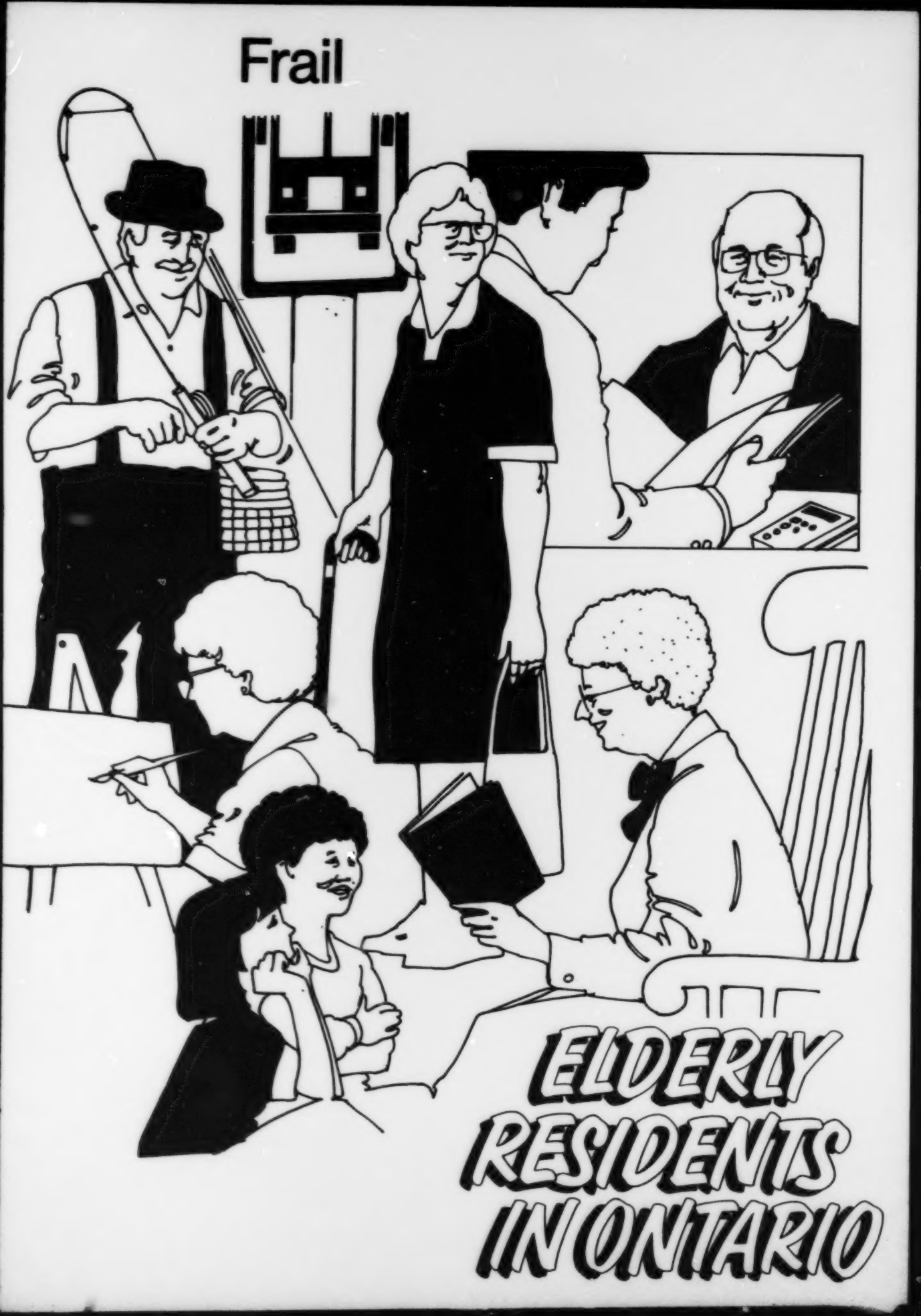
Frail
ELDERLY
RESIDENTS
IN ONTARIO

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ELDERLY RESIDENTS IN ONTARIO:

THE EXPERIENCES OF THOSE WHO ARE FRAIL

Minister for Senior Citizens Affairs
Seniors Secretariat
September, 1985

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Arlene Hoffman, Ph.D.
Research Consultant

SUMMARY

This paper concentrates on the distinguishing characteristics of one segment of the population surveyed for the USCO study: the frail respondents. Frailty is defined in terms of the extent to which there is difficulty or an inability to personally carry out activities of daily living (ADLS). Respondents who reported difficulty with an inability to manage three or more of the nine ADLS assessed are considered to be frail.

Throughout the paper the demographic characteristics, the living situation, and the preferences of the frail respondents are compared to the respondents who report no disabilities (no difficulty managing the nine ADLS) and to the respondents who report some disabilities (difficulty or an inability to manage one or two ADLS).

A comparison of the three groups revealed differences in geographical location, demographic characteristics and living situation. The largest concentration of frail respondents resided in the most populous urban centre: Toronto and the smallest concentration was found in Penetanguishene. Frail respondents were largely advanced in age (85+), women, widowed, within a lower income category, living in apartments, renting their housing and living with others.

The frail respondents did not differ significantly from the other respondents in their contacts with family members. However, the frail respondents did differ in their frequency of contacts with friends such that they maintained less frequent contacts than the respondents in the other groups.

The frail respondents were more likely than any of the other respondents to perceive their health as poor, to perceive a deterioration in their health over a five year period, to report interfering health conditions and to report impaired mobility.

The frail respondents used the health care system more frequently than the other respondents. They made greater use of both family physicians and specialists and had the greatest likelihood of being hospitalized. Twenty-seven percent of the frail respondents had been hospitalized during the year prior to being interviewed compared to seventeen percent of the respondents without disabilities.

The frail respondents by definition expressed difficulty with performing many ADLS. The ADLS that appeared to pose most difficulty for the respondents included handling money, bathing, preparing meals, shopping and heavy housework. Fully 93% of the frail respondents received assistance with day to day activities. Their most frequent source of assistance was children (32%). It is noteworthy that in the group without disabilities the largest proportion of assistance (31%) came from paid help.

The frail respondents were the most likely of all respondents to request additional assistance with day to day activities. It is significant that requests came from eighteen percent of the frail group compared to three percent of the group without disabilities. In the frail group the most prevalent requests were for assistance with light housework, heavy housework, yardwork and shopping.

Information was gathered on the type of housing arrangements the respondents would be interested in should they be unable to care for their own needs. The housing interests expressed differed among groups. The largest proportion (66%) of the frail respondents expressed interest in staying at home with community services to assist. The most popular option among both the group without disabilities (71%) and the group with some disabilities (67%) was moving into a supportive housing arrangment such as a home for elderly persons or a housing project with the availability of services.

The frail respondents used transportation differently than the other respondents. They were the most likely of all groups to rely on family members for rides. The largest proportion of the remaining respondents drove themselves to all activities. The frail respondents (22%) also had the greatest tendency to report transportation problems.

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1. INTRODUCTION

This paper is part of a series on the findings of the United Senior Citizens of Ontario survey.[1] The principal objective of the survey was to systematically examine the living situation of elderly persons who reside in the community and outside of institutional settings. In this survey a scientific random sample of 846 persons was interviewed from eight areas across the Province. These areas include five urban centres: Brockville, Penetanguishene, Sault Ste. Marie, Toronto and Windsor, and three rural communities: Athens, Bruce Mines and Cookstown.

The purpose of this paper is to describe the distinguishing characteristics of one segment of the population surveyed: those who are frail. Frailty is defined in terms of the difficulty or the inability to personally carry out activities of daily living (ADLS). In this study the ability to manage nine ADLS was assessed with the use of selected items of the OARS Instrumental and Physical ADL Scales. The ADLS included in these scales were telephoning, shopping, preparing meals, doing heavy housework, handling money, dressing, taking care of one's own appearance and getting in and out of bed. The respondents who indicated difficulty with or an inability to personally manage three or more of the nine ADLS are considered to be frail.

The living situation of the frail respondents are explored in this paper. Under consideration are demographic characteristics, health status, social contacts, receipt of assistance, requests for additional assistance, interest in various housing options and use of transportation.

To put the experiences of the frail respondents into perspective, they are being compared to two other groups:

a) the group of persons who reported no difficulty in personally accomplishing all of the nine ADLS, hereafter the group without disabilities;

b) the group of persons who reported difficulty with or an inability to personally accomplish up to two ADLS, hereafter the group with some disabilities.

The living situation of the three groups are compared throughout the paper. The living situation of the sample as a whole has been described in nine previous papers, each covering a specific topic. The reader should refer to these papers as basic references for any further comparison of the data.

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1 Refer to Appendix for the list of other papers in USCO series.

2. DEMOGRAPHIC CHARACTERISTICS

This section focuses on the distinguishing demographic characteristics of the persons in the three groups. Particular attention is being paid to community of residence, age, sex, marital status, income and housing.

Sixty-nine percent (n=584) of the total sample fall into the group without disabilities, 21% (n=177) comprise the group with some disabilities and ten percent (n=85) make up the frail group. The groups were concentrated in different geographical areas. Table 1 shows that the proportion of frail respondents varied from a low of four percent (n=4) in Penetanguishene to a high of fifteen percent in Toronto. The rural communities: Cookstown, Athens and Bruce Mines housed the largest proportion (77%, n=128) of the respondents without disabilities. Toronto housed the largest proportion (39%, n=103) of the respondents with disabilities.

The three groups differed in age such that advancing age was found to be associated with increased disability. Table 2 illustrates that persons 85+ comprised close to one-quarter (22%, n=18) of the frail group and three percent (n=18) of the group without disabilities. Persons aged 62 to 74 made up one-third (n=28) of the frail group and two-thirds (n=391) of the group without disabilities.

Increased disability was more common among women than men. Refer to Table 3. Women comprised of 54% (n=309) of the group without disabilities, 65% (n=115) of the group with some disabilities and fully 71% (n=60) of those who were frail.

Disability differed with marital status. Table 4 shows that widowed respondents represented a larger proportion of the frail (44%, n=37) group than the group without disabilities (29%, n=166). It is noteworthy that married persons made up the most significant proportion (60%, n=351) of the group without disabilities.

Table 5 shows that the largest proportion (42%, n=32) of the frail respondents fell into the lowest income group (less than $600 per month).[1] By contrast, the largest proportion (43%, n=23%) of the respondents without disabilities had monthly incomes in the highest category, ($1,000 per month).

Of the three groups, the respondents in the frail group were the most likely to live in apartments. Table 6 illustrates that increasingly disability was associated with a greater likelihood of residing in apartments. Residents of apartments included 25% (n=142) of the respondents without disabilities, 32% (n=55) of the respondents with some disabilities, and 36% (n=30) of those who were frail.

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1 On July 1, 1982, when this survey was conducted, the federal and provincial governments guaranteed the following total payments through the Old Age Security, Guaranteed Income Supplement and GAINS-A programs: $529.29 for single seniors and $1,003.28 for married seniors.

Increased disability accompanied a greater likelihood of renting rather than owning housing. See Table 7. Over one-half (53%, n=45) of the frail population rented their housing, compared to 36%, (n=64) of the population with some disabilities and 29% (n=167) of the population without disabilities.

It is significant to note that the majority of respondents in the frail group (74%, n=163) lived with other persons. Furthermore, they were more likely to live with others than the respondents in the group with some disabilities (62%, n=110) or the group without disabilities (72%, n=420). Refer to Table 8.

3. SOCIAL CONTACTS

The respondents' visits with family and friends by telephone and in person were the basis for assessing social contacts. This section concentrates on the frequency of these contacts.

Fully 99% (n=835) of the respondents maintained contact with at least one family member and 82% (n=687) had contact with at least one child. No significant differences were found across groups in the proportion who maintained these contacts.

The groups were not distinguished by the frequency of phone contacts with family or the frequency of visits from family. But, they were distinguished by the frequency of visits to family. Increased disability was associated with less frequent visits. Approximately two-thirds of both the group without disabilities (n=393) and the group with some disabilities (n=115) visited family members at least once per month. Less than half (48%, n=39) of the frail respondents visited as frequently.

The frequency of contacts with friends varied considerably more among groups than the frequency of contacts with family. Increased disability was related to less frequent contact. See Tables 10, 11 and 12. With respect to phone contact, the percentage of respondents who were in contact with friends less than once per month ranged from a low of fourteen percent (n=84) of the group without disabilities to a high of 25% (n=21) of the frail group. Regarding visits to friends, visits less than monthly were common to 27% (n=156) of the group without disabilities compared to 65% (n=53) of the frail group. Twenty-six percent (n=149) of the group without disabilities received visits from friends less than once per month. This figure corresponds to 41% (n=34) of the frail respondents.

4. HEALTH STATUS

It was noted in the Introduction to this paper that frailty is being defined in terms of disabilities related to the accomplishment of ADLS. This section concentrates on the health status of the respondents in each group and the relationship between health status and disability.

Health status is a composite measure and in this paper it is defined exclusively in terms of perceived health status. The variables comprising the measure include a subjective rating of health, a comparison of health with five years previous, an evaluation of the extent to which health interferes with the accomplishment of day to day activities, a count of the number and type of health conditions, a count of the number and type of interfering health conditions, and a self-evaluation of mobility.

As expected, the health status of the respondents differed considerably across the three groups. Increased disability was found to be associated with a lower subjective rating of health. Table 13 shows that persons who considered their health to be fair or poor made up 81% (n=69) of the frail group, 50% (n=89) of the group with some disabilities and 29% (n=167) of the group without disabilities.

Table 14 illustrates that over three-quarters (78%, n=66) of the frail respondents stated that their health had deteriorated over a five year period. This figure compares to 48% (n=86) of the group with some disabilities and 23% (n=13%) of the group without disabilities. Only two percent (n=2) of the frail group reported an improvement in their health over this period.

The frail respondents were the most likely of all respondents to report that their health interfered with their ability to carry out day to day activities. Table 15 illustrates that persons who stated that their health interfered "a great deal" with the accomplishments of daily activities made up 74% (n=63) of the frail population, 29% (n=51) of the population with some disabilities and ten percent (n=60) of the population without disabilities. Six percent (n=5) of the frail population stated that their health was not an interfering factor.

The respondents in the frail group reported a greater number of health conditions than the respondents in the other groups. Five or more conditions were reported by 62% (n=53) of the frail group, 44% (n=78) of the group with some disabilities and 25% (n=151) of the group without disabilities. Refer to Table 16.

The health conditions reported by the frail respondents are shown on Table 17. The five most prevalent conditions reported were arithritis/rheumatism (71%, n=60) circulation trouble (52%, n=44), dizziness (48%, n=41), bad nerves (45%, n=38) and heart trouble (45%, n=38). More than one-third of the frail respondents reported depression (44%, n=37) high blood pressure (43%, n=36) and/or glaucoma/cataracts (35%, n=30).

At least one-half of the respondents who reported a condition said that the condition interfered with the accomplishment of their day to day activities. The conditions that created greatest interference for the frail respondents included arithritis/rheumatism (90%, n=54), glaucoma/cataracts (93%, n=28), heart trouble (97%, n=37), asthma (100%, n=28), circulation trouble (93%, n=41), stomach disorders (90%, n=19), skin disorders (91%, n=10), heart attach (92%, n=11), bad nerves (92%, n=35), depression (94%, n=35) and dizziness (95%, n=39).

The total number of interfering conditions reported differed considerably across the three groups such that increasing disability accompanied a greater number of interfering conditions. Table 18 shows that at least six interfering conditions were reported by close to one-half (47%, n=38) of the frail group, seventeen percent (n=31) of the group with some disabilities and seven percent (n=45) of the group without disabilities.

The frail respondents were the most likely of all respondents to report impaired mobility. Table 19 shows that the persons who were unable to walk around an average block comprised 48% (n=41) of the frail population, eleven percent (n=20) of the population with some disabilities and three percent (n=19) of the population without disabilities.

5. USE OF THE HEALTH CARE SYSTEM

In light of the differences in the health status of the three groups, it was not surprising to find that the three groups used the health care system in different ways. The respondents who were frail used the system to a considerably larger extent than the respondents in either of the other groups.

Tables 20 and 21 show the frequency with which the respondents were seen by family physicians and specialists over a twelve month period. Visits to both family physicians and specialists were more frequent with increased disability. The proportion of respondents who had been seen by their family physician four or more times ranged from 75% (n=61) of the frail group to 56% (n=328) of the group without disabilities. Specialists had been seen by 55% (n=47) of the frail respondents compared to 36% (n=214) of the respondents without disabilities. Within the group who had seen specialists, three or more visits were common to almost one-half (49%, n=23) of the frail respondents, compared to 31% (n=66) of the respondents without disabilities.

In addition to visits with family physicians and specialists, significant differences across groups were found with respect to the rate of hospitalization. Increased disability was accompanied by greater likelihood of being hospitalized. Table 22 shows that during the year prior to being interviewed 27% (n=25) of the frail group had been hospitalized in contrast to seventeen percent (n=95) of the group without disabilities. A comparison of the length of hospitalization across groups did not reveal any clear patterns. As well, no significant differences across groups were found in the number of hospital admissions or the reasons for hospitalization.

6. TYPE OF DISABILITIES AND RECEIPT OF ASSISTANCE

It was pointed out in the introduction to this paper that the respondents were divided into groups on the basis of the number of disabilities they reported with ADLS. The ADLS investigated were using the telephone, shopping, preparing meals, doing heavy housework, handling money, dressing, taking care of one's own appearance, getting in and out of bed and bathing. The specific ADLS that created difficulty for the respondents are reviewed in this section. Also included is a discussion of the respondents' receipt of assistance with 22 day to day activities.

The type of disabilities encountered by the respondents who were frail differed somewhat from the type of disabilities reported by the respondents who had some disabilities (1-2 disabilities). Refer to Table 23. None of the respondents in the "some disabilities" group reported disabilities related to the most personal activities: dressing, taking care of one's own appearance or getting in and out of bed. By contrast, a minimum of fifteen percent of the respondents in the frail group reported disabilities with these activities.

The most frequent disabilities reported by the group with some disabilities related to heavy housework (63%, n=110) and shopping (30%, n=53). In the frail group, the five activities that posed most difficulties for the respondents were handling money (53%, n=45), bathing (67%, n=57), preparing meals, shopping (92%, n=77), and heavy housework (93%, n=78).

In light of the number and type of disabilities reported by many of the respondents, it was not surprising to find that the respondents received considerable assistance with their day to day activities. The receipt of assistance with 22 activities was assessed. Included were activities in the home such as housework, meal preparation and laundry, activities outside of the home like yardwork, shopping and banking and personal activities such as bathing, dressing and getting in and out of bed. Table 24 illustrates that with increased disability the respondents were more likely to be in receipt of assistance with these activities. The respondents who received assistance with at least one activity numbered 93% (n=78) of the frail group compared with 73% (n=129) of the group with some 35% (n=206) of the group without disabilities.

The number of activities with which assistance was received varied substantially among the three groups. Refer to Table 25. The frail respondents received assistance with the largest number of activities; 66% (n=56) received assistance with five or more activities. The proportion of respondents receiving comparable assistance was sixteen percent (n=29) of the group with some disabilities and one percent (n=8) of the group without disabilities.

The type of assistance received by the respondents is illustrated on Table 26. As shown, irrespective of whether assistance was received with activities in the home, activities outside the home or personal care, the likelihood of receiving the assistance was greater among the respondents with a larger number of disabilities.

Two-thirds of the frail group had help with shopping (n=56) and/or heavy housework (n=56). The proportion of the group without disabilities who received this assistance was five percent (n=29) and twelve percent (n=70) respectively. Approximately one-half of the frail respondents were in receipt of assistance with laundry (55%, n=46), banking (56%, n=47) and/or paying bills. Less than three percent of the respondents without disabilities received assistance with these activities. Among the frail respondents, 11% (n=9) had help getting in and out of bed, 26% (n=22) had help bathing, eight percent (n=7) had help dressing and seventeen percent (n=14) had help with medication. A maximum of one percent of the group without disabilities received this assistance.

7. PROVIDERS OF ASSISTANCE

Just as the groups differed in type of disability and receipt of assistance, the groups differed somewhat in their sources of assistance. Refer to Table 27. In the group without disabilities, the most frequent source of assistance (31%) was paid help. In the group with some disabilities, the largest proportion of assistance was provided by paid help (29%) or children (29%). The respondents in the frail group received most assistance (32%) from children. Increased disability was accompanied by an increase in the provision of assistance from children and spouses and a decrease in the provision of assistance from neighbours/friends. The total proportion of assistance from neighbours/friends ranged from four percent (frail group) to fourteen percent (group without disabilities).

Less than five percent of the total assistance in each group was provided by community agencies. The respondents in the frail group received the largest proportion (four percent) of this assistance.

Information on the use of specific community agencies was gathered. The agencies included Visiting Nurses, Red Cross Homemakers, Home Care, Meals on Wheels and Friendly Visiting. When asked about the use of these specific agencies, the number of users far exceeded the number of respondents who claimed to use community agencies with the 22 day to day activities. Use of these agencies was reported by five percent (n=30) of the group without disabilities, fifteen percent (n=27) of the group with some disabilities and 32% (n=27) of the frail group. Among the users in the frail group, 41% (n=11) used one agency, 30% (n=8) used two agencies, 26% (n=8) used three agencies and three percent (n=1) used four agencies.

The use of specific agencies varied. The most frequently used agency was visiting nurses followed by Red Cross Homemakers, Home Care, Meals on Wheels and Friendly Visiting. Increased disability was accompanied by greater use of all agencies. Refer to Table 28.

8. REQUESTS FOR ADDITIONAL ASSISTANCE

The respondents were asked if they could use any, or any additional (hereafter additional) assistance, with the 22 day to day activities referred to previously. Table 29 illustrates that the requests for assistance differed across groups. Increased disability was found to be associated with a greater likelihood of requests for additional assistance. Requests came from nineteen percent (n=113) of the group without disabilities, thirty percent (n=53) of the group with some disabilities and 45% (n=38) of the frail group.

Increased disability was also associated with a greater number of additional requests. Refer to Table 30. A minimum of three requests came from three percent (n=21) of the group without disabilities, ten percent (n=18) of the group with some disabilities and eighteen percent (n=16) of the frail group.

The requests made are shown on Table 31. It is noteworthy that increased disability accompanied more requests for additional assistance with light housework, heavy housework, meal preparation, shopping, going out in bad weather, getting in and out of bed and cutting toe nails. In the frail group the most prevalent requests were for additional assistance with light housework (20%, n=17), heavy housework (19%, n=16), cutting toe nails (14%, n=12), yardwork (10%, n=8) and shopping (10%, n=8). Requests for additional assistance with personal care activities were minimal (two percent or less with the exception of requests to cut toe nails) (14%, n=12).

Most of the respondents in the "some disabilities" group who requested additional assistance wanted help with activities in the home, specifically heavy housework (17%, n=30), light housework (10%, n=17) and house repairs (9%, n=14). Some requests were made for additional assistance with activities outside of the home: yardwork (11%, n=16) and shopping (6%, n=10).

The requests from the respondents without disabilities more closely resembled the requests of the respondents with some disabilities than the requests of the respondents who were frail. Many requests from the group without disabilities pertained to activities in the home: heavy housework (9%, n=50) and house repairs (7%, n=38). Nine percent (n=46) requested additional assistance with yardwork.

9. INTEREST IN VARIOUS HOUSING OPTIONS

The possibility exists for all older persons who reside within their own homes that a time may come when they are unable to care for their own needs. If that time does come, the older persons may become faced with finding a suitable arrangement to meet their impending requirements. In this survey the respondents were asked to project into the future and consider the type of housing that might interest them. The question was posed as such..."If at a future point in your life you find it extremely difficult to care for your own needs, please tell me if you would or would not be interested in the following housing arrangements:

- moving in with family
- moving in with friends
- staying at home with community services to assist
- staying at home with family/friends to assist
- moving into a home for elderly persons or a housing project where some services are available (hereafter supportive housing arrangement).

Table 32 shows the interest expressed by the respondents in each of these housing options. Some noteworthy differences were found among the groups. The housing option that attracted the interest of the largest proportion (66%, n=49) of frail respondents was staying at home with community services to assist. By contrast, the most popular option among both the group without disabilities (71%, n=399) and the group with some disabilities (67%, n=109) was moving into a supportive housing arrangement. It is significant that interest in a supportive housing arrangement decreased with increased disability. Increased disability on the other hand was accompanied by greater interest in moving in with family members.

10. TRANSPORTATION

The modes of transportation used by the respondents and the problems associated in using those modes were assessed in this survey. The data revealed significant differences across groups in both the modes used and the problems experienced.

The transportation modes used for shopping, medical appointments and social occasions were documented and can be found on Tables 33, 34, and 35. A comparison of the three Tables shows that the respondents tended to use the same type of transportation to each of the activities. The largest proportion (a minimum of 41%) of the frail respondents were driven by family to all activities. The largest proportion (a minimum of 29%) of the remaining respondents drove themselves to the activities.

When asked if transportation to shopping, medical appointments or social occasions was a problem, nine percent (n=76) of the total sample answered in the affirmative. Considerable differences in the responses were found across groups such that reports of transportation problems were more prevalant among the respondents with increased disability. Problems were reported by seven percent (n=39) of the group without disabilities, twelve percent (n=21) of the group with some disabilities and 22% (n=18) of the frail group. See Table 36.

Tables 37, 38, and 39 illustrate the number of respondents within each group who reported transportation problems. Transportation problems with shopping and medical appointments were cited by approximately one-fifth (20%, n=13 and 18%, n=14 respectively) of the frail group compared to less than five percent (four percent, n=23 and three percent, n=15 respectively) of the respondents without disabilities. Problems with transportation to social occasions were cited by the fewest respondents: eleven percent (n=6) of the frail group, and three percent (n=17) of the group without disabilities. The type of transportation problems reported did not differ across the groups. For a discussion of these problems refer to report entitled: Elderly Residents in Ontario: Their Use of Transportation.

The three groups differed in their use of public transportation such that with increased disability, the respondents were less likely to use public transportation. Users of public transportation numbered 53% (n=309) of the group without disabilities, compared to 34% (n=29) of the frail group. See Table 40.

The frail group was the most likely of the three groups to use personal assistance when travelling by public transit. Table 41 shows that assistance was used by over one-half (52%, n=15) of the frail group compared to nine percent (n=27) of the group without disabilities. Close to one-third (31%, n=9) of the respondents in the frail group always used personal assistance when travelling by public transportation.

Three percent (n=14) of the total sample indicated that they could use additional assistance with public transportation. No differences were found in the responses of persons with greater or lesser disability.

The respondents who did not use public transportation were asked for the reason. Table 42 shows that the most prevalant reason reported was the absence of need. This reason was mentioned by 79% (n=211) of the group without disabilities, compared to 35% (n=19) of the frail group. Within the frail group almost one-third (31%, n=17) of the respondents stated that they did not travel by public transportation because they needed assistance and did not have it. One-fifth (n=11) of those who were frail said they were simply unable to use public transportation.

The use of taxis by the respondents differed across groups. Taxi users numbered 28% (n=166) of the group without disabilities and 40% (n=33) of the frail group. Twenty-five percent (n=68) of the persons who travelled by taxis had the assistance of an accompanying individual. The use of assistance varied with disability such that increased disability was associated with greater use of assistance. Table 43 illustrates that assistance was used by 66% (n=23) of the frail population and 18% (n=30) of the population without disabilities.

The taxi users were asked if they required any assistance or further assistance. Differences across groups were found in the responses. The frail respondents (27%, n=9) were the most likely to indicate the need for further assistance. By comparison, three precent (n=5) of the group without disabilities said they could use assistance. No differences among groups were found in the type of assistance requested.

All respondents were asked: "If you could get further assistance with transportation, would you be interested in having it and if so, what type of assistance would you be interested in?" Nineteen percent (n=155) answered in the affirmative. Table 44 illustrates that the most prevalant request among the respondents who reported disabilities (44%, n=31) was for an accompanying individual. In the group without disabilities the respondents (47%, n=38) frequently requested a transportation service that would pick them up at home.

11. CONCLUSION

This paper has examined the distinguishing characteristics of three groups of persons interviewed for the USCO Survey: the frail respondents, the respondents with some disabilities and the respondents without disabilities. The findings revealed that the three groups could be distinguished by their demographic characteristics, health status, type of disabilities, receipt of assistance, sources of assistance, requests for additional assistance, housing preferences and use of transportation.

To summarize the characteristics of the frail respondents:

- They made up 10% of the sample.
- Geographically, they were more highly concentrated in the city of Toronto than in the remaining seven communities. (This finding is particularly significant in light of the fact that the response rate in Toronto (56%) was lower than the response rates in the rural areas (67%), Penetanguishene (65%) Brockville (79%), and Sault Ste. Marie (58%), but, it was slightly higher than the response rate in Windsor (50%).
- They were generally older than the rest of the respondents and likely to be widowed.
- Women were more likely to be frail than men. (To put this finding into context, it must be recognized that women comprised a larger proportion of the oldest respondents (85+) across groups. Among the respondents without disabilities, women comprised 39% (n=7) of the 85+ group. In the group with some disabilities, women made up 74% (n=20) of the persons aged 85+. In the frail group, women comprised fully 78% (n=14) of the persons 85+.)
- Their income was lower than the income of the respondents in the remaining groups; 42% of the frail group had monthly incomes below $600. (It must be noted that increasing age was accompanied by lower income. The respondents who received less than $600 per month comprised 18% (n=84) of the 62-74 group, 40% (n=103) of the 75-84 group and 54% (n=29) of the 85+ group. Concentrating on the persons aged 85+, we find that those falling into the lowest income group (less than $600 per month) included 47% (n=7) of those without disabilities 59% (n=13) of those with some disabilities and 53% (n=9) of the frail group).
- They were the most likely of all respondents to reside in apartments and to rent their housing.
- They were the most likely of all respondents to reside with other persons: 74% lived with others.
- Of the three groups, they least frequently visited family members, and least frequently had contact with friends.

- They perceived their health to be lower than the respondents in the other groups.
- They were the most likely of the three groups to report that their health interfered with their ability to carry out day to day activities.
- They had a greater number of health conditions and interfering health conditions than the respondents in the other groups.
- Their mobility was more imparied than those in the other groups.
- They were seen by family physicians and specialists more frequently than the other respondents.
- They had the greater likelihood of being hospitalized.
- They were more likely than the other respondents to report disabilities related to personal care activities.
- The majority of them had disabilities related to handling money, bathing, preparing meals, shopping and heavy housework.
- The frail respondents were more likely to be in receipt of assistance with day to day activities than the respondents in the other groups.
- They received the greatest proportion of assistance with personal care activities.
- They received the greatest proportion of assistance from children.
- They were the most likely of the three groups to use the assistance of community agencies.
- They made more requests for additional assistance with day to day activities than the respondents in the remaining groups and the largest number of their requests were for help with light housework, heavy housework, cutting toe nails, yardwork and shopping.
- Should they be unable to care for their own needs, they expressed the most interest in staying at home with community services to assist.
- They were generally driven by relatives to places when going shopping, to medical appointments or to social activities.

- They were the most likely to report transportation problems.

- They were the least likely to use public transportation but, were the most likely to use the assistance of other individuals when travelling by public transit.

- They were the most likely to use assistance when travelling by taxis.

The characteristics of the frail respondents presented above suggest the vulnerability of this segment of the population. The characteristics that contribute to their vulnerability include their disproportionate difficulty in carrying out day to day activities, their disproportionate reliance on other individuals for help, and their disproportionate requests for additional assistance. The large number of frail respondents who fall into the lowest income category may be particularly vulnerable because their ability to purchase extra services is undoubtedly limited. The vulnerability of these respondents rests with the fact that should they be unable to arrange for adequate supportive assistance, they run the risk of losing their ability to remain within their own homes and outside of institutional settings.

With the aging of the population in Ontario, the frail elderly population will grow. Their needs for supportive assistance will multiply. The data presented in the paper provides us with solid information on how this population is managing on a day to day basis. Still, much about this population is unknown. It is unknown because few efforts have been made to survey the frail elderly as this population is frequently difficult to locate and often hard to interview. Despite the associated research dilemmas, further work should be carried out on this population. The importance of exploring these areas extends beyond the challenge of research to policy formulation, policy that will pertain to the most needy segment of the elderly population.

TABLE 1: NUMBER AND PERCENTAGE OF RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL, BY AREA

AREA	GROUP							
	NO DISABILITIES		SOME DISABILITIES		FRAIL		TOTAL	
	(N)	%	(N)	%	(N)	%	(N)	%
Penetanguishene	(70)	70	(26)	26	(4)	4	(100)	100
Brockville	(34)	71	(8)	17	(6)	12	(48)	100
Cookstown/Athens/ Bruce Mines	(129)	77	(29)	17	(10)	6	(168)	100
Sault Ste. Marie	(78)	71	(23)	21	(9)	8	(110)	100
Windsor	(111)	72	(28)	18	(16)	10	(155)	100
Toronto	(162)	61	(63)	24	(40)	15	(265)	100

TABLE 2: AGE GROUP OF RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

AGE GROUP	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
62-74	(391)	67	(84)	48	(28)	33
75-84	(173)	30	(65)	37	(38)	45
85+	(18)	3	(28)	15	(18)	22
TOTAL*	(582)	100	(177)	100	(84)	100

Chi Square = 78.66 $P < .01$

* 3 Missing Observations

TABLE 3: SEX OF RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Men	(268)	46	(61)	35	(24)	29
Women	(309)	54	(115)	65	(60)	71
TOTAL*	(577)	100	(176)	100	(84)	100

Chi Square = 14.77 $P < .01$

*9 Missing Observations

TABLE 4: MARITAL STATUS OF RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

MARITAL STATUS	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Single	(44)	8	(11)	6	(5)	6
Married	(351)	60	(87)	49	(36)	44
Widowed	(166)	29	(70)	40	(37)	44
Divorced/ Separated	(22)	3	(9)	5	(5)	6
TOTAL*	(583)	100	(177)	(100)	(83)	100

Chi Square = 17.76 P < .01

*3 Missing Observations

TABLE 5: MONTHLY INCOME OF RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

MONTHLY INCOME	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
$000-$599	(133)	24	(52)	32	(32)	42
$600-$799	(81)	15	(22)	14	(13)	16
$800-$999	(98)	18	(33)	21	(17)	22
$1,000+	(238)	43	(54)	33	(15)	20
TOTAL*	(550)	100	(161)	100	(77)	100

Chi Square = 21.75 $P < .01$

*58 Missing Observations

TABLE 6: HOUSING TYPE OF RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL
(NUMBER AND PERCENTAGE)

HOUSING TYPE	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
House	(435)	75	(118)	68	(53)	64
Apartment	(142)	25	(55)	32	(30)	36
TOTAL*	(577)	100	(173)	100	(83)	100

Chi Square = 7.14 $P < .05$

*13 Missing Observations

TABLE 7: HOUSING OWNERSHIP OF RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Own Housing	(417)	71	(112)	64	(40)	47
Rent Housing	(167)	29	(64)	36	(45)	53
TOTAL*	(584)	100	(176)	100	(85)	100

Chi Square = 33.28 $P < .01$

*1 Missing Observation

TABLE 8: LIVING SITUATION OF RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Lives Alone	(164)	28	(67)	38	(22)	26
Lives With Others	(420)	72	(110)	62	(63)	74
TOTAL	(584)	100	(177)	100	(85)	100

Chi Square = 6.91 $P < .05$

TABLE 9: FREQUENCY WITH WHICH FAMILY MEMBERS WERE VISITED AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL

(NUMBER AND PERCENTAGE)

FREQUENCY OF VISITS TO FAMILY MEMBERS	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
At Least Once Per Month	(393)	68	(115)	67	(39)	48
Less Than Once Per Month	(185)	32	(57)	33	(42)	52
TOTAL*	(578)	100	(172)	100	(81)	100

Chi Square= 12.54 $P < .01$

*15 Missing Observations

TABLE 10: FREQUENCY OF PHONE CONTACT WITH FRIENDS AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

FREQUENCY OF PHONE CONTACT WITH FRIENDS	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Once a Week+	(404)	70	(116)	66	(45)	54
1-3 Times Per Month	(89)	16	(30)	17	(18)	21
Less Than Once Per Month	(84)	14	(29)	17	(21)	25
TOTAL*	(577)	100	(175)	100	(84)	100

Chi Square = 9.70 $P < .05$

*10 Missing Observations

TABLE 11: FREQUENCY WITH WHICH FRIENDS WERE VISITED AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

FREQUENCY OF VISITS TO FRIENDS	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
At Least Once Per Month	(424)	73	(107)	61	(28)	35
Less Than Once Per Month	(156)	27	(68)	39	(53)	65
TOTAL*	(580)	100	(175)	100	(81)	100

Chi Square = 50.91

*10 Missing Observations

TABLE 12: FREQUENCY OF VISITS FROM FRIENDS AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

FREQUENCY OF VISITS FROM FRIENDS	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
At Least Once Per Month	(432)	74	(126)	72	(50)	59
Less Than Once Per Month	(149)	26	(50)	28	(34)	41
TOTAL*	(581)	100	(176)	100	(84)	100

Chi Square = 8.11 $P < .01$

*5 Missing Observations

TABLE 13: SELF-RATING OF HEALTH AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES OR WHO WHERE FRAIL (NUMBER AND PERCENTAGE)

SELF-RATING OF HEALTH	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Excellent	(113)	19	(21)	12	(5)	5
Good	(304)	52	(66)	38	(11)	14
Fair	(149)	26	(65)	37	(37)	44
Poor	(18)	3	(24)	13	(32)	37
TOTAL*	(584)	100	(176)	100	(85)	100

Chi Square = 158.38 P < .01

*1 Missing Observation

TABLE 14: COMPARISON OF HEALTH WITH PREVIOUS FIVE YEARS AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

COMPARISON OF HEALTH WITH FIVE YEARS PREVIOUS	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Better	(65)	12	(15)	9	(2)	2
About The Same	(381)	65	(76)	43	(17)	20
Worse	(138)	23	(86)	48	(66)	78
TOTAL	(584)	100	(177)	100	(85)	100

TABLE 15: SELF-EVALUATION OF THE EXTENT TO WHICH HEALTH IMPAIRS THE ABILITY TO CARRY OUT DAY TO DAY ACTIVITIES AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL
(NUMBER AND PERCENTAGE)

EXTENT TO WHICH HEALTH IMPAIRS ACTIVITIES	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Not At All	(291)	50	(37)	21	(5)	6
A Little	(233)	40	(88)	50	(17)	20
A Great Deal	(60)	10	(51)	29	(63)	74
TOTAL*	(584)	100	(176)	100	(85)	100

Chi Square = 225.85 P < .01

*1 Missing Observation

TABLE 16: NUMBER OF HEALTH CONDITIONS REPORTED BY RESPONDENTS WHO HAD NO DISABILITIES SOME DISABILITIES, OR WHO WERE FRAIL

(NUMBER AND PERCENTAGE)

NUMBER OF HEALTH CONDITIONS	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
0-2	(255)	44	(45)	25	(11)	13
3-4	(178)	31	(54)	31	(21)	25
5-6	(86)	15	(42)	24	(15)	18
7+	(65)	10	(36)	20	(38)	44
TOTAL	(584)	100	(177)	100	(85)	100

Chi Square = 87.28 P < .01

TABLE 17: NUMBER AND PERCENTAGE OF FRAIL RESPONDENTS BY THE TYPE OF HEALTH CONDITIONS THEY REPORTED AND THE INTERFERENCE OF THE CONDITIONS

CONDITION	RESPONDENTS REPORTING CONDITION (N)	%	RESPONDENTS REPORTING INTERFERING CONDITION (N)	%
Arthritis/Rheumatism	(60)	71	(54)	90
Glaucoma/Cataracts	(30)	35	(28)	93
Asthma	(9)	11	(9)	100
Emphysema	(15)	18	(13)	86
T.B.	(2)	2	(1)	50
High Blood Pressure	(36)	43	(29)	81
Heart Trouble	(38)	45	(37)	97
Circulation Trouble	(44)	52	(41)	93
Diabetes	(15)	18	(10)	67
Ulcers	(10)	11	(7)	70
Stomach Disorder	(21)	25	(19)	90
Liver Disease	(4)	4	(2)	50
Kidney Disease	(9)	11	(6)	67
Urinary Disorder	(15)	18	(11)	73
Cancer	(8)	10	(5)	63
Anemia	(7)	9	(5)	71
Stroke	(14)	17	(11)	78
Parkinsons Disease	(6)	7	(6)	100
Epilepsy	(1)	1	(0)	0
Cerebral Palsy	(0)	0	-	-
Multiple Scherosis	(0)	0	-	-
Muscular Distrophy	(0)	0	-	-
Polio	(1)	1	(1)	100
Thyroid Condition	(7)	9	(3)	43
Skin Disorder	(11)	13	(10)	91
Speech Impairment	(5)	6	(3)	60
Heart Attack	(12)	15	(11)	92
Bad Nerves	(38)	45	(35)	92
Depression	(37)	44	(35)	94
Varicose Veins	(15)	18	(11)	73
Dizziness	(41)	48	(39)	95

TABLE 18: NUMBER OF INTERFERING CONDITIONS REPORTED BY RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL

(NUMBER AND PERCENTAGE)

NUMBER OF INTERFERING HEALTH CONDITIONS	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
0-1	(343)	59	(54)	31	(14)	15
2-3	(139)	24	(59)	33	(18)	21
4-5	(57)	10	(33)	19	(15)	17
6+	(45)	7	(31)	17	(38)	47
TOTAL	(584)	100	(177)	100	(85)	100

Chi Square = 141.08 $P < .01$

TABLE 19: ABILITY TO WALK AROUND AVERAGE BLOCK AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

ABILITY TO WALK AROUND BLOCK	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Able To Walk Around Block	(564)	97	(157)	89	(44)	52
Unable To Walk Around Block	(19)	3	(20)	11	(41)	48
TOTAL*	(583)	100	(177)	100	(85)	100

Chi Square = 175.95 $P < .01$

*1 Missing Observation

TABLE 20: NUMBER OF TIMES FAMILY DOCTOR WAS SEEN OVER A TWELVE MONTH PERIOD AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

NUMBER OF TIMES FAMILY DOCTOR WAS SEEN	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
0-1	(133)	23	(22)	12	(10)	12
2-3	(121)	21	(35)	20	(11)	13
4-9	(157)	27	(49)	28	(20)	24
10-12	(115)	20	(42)	24	(19)	23
13+	(56)	9	(25)	16	(22)	28
TOTAL*	(582)	100	(173)	100	(82)	100

Chi Square = 33.17 P < .01

*9 Missing Observations

TABLE 21: NUMBER OF TIMES SPECIALISTS WERE SEEN OVER A TWELVE MONTH PERIOD AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

NUMBER OF TIMES SPECIALISTS WERE SEEN	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
1	(85)	40	(26)	36	(16)	34
2	(63)	29	(14)	19	(8)	17
3-4	(43)	20	(16)	22	(11)	23
5+	(23)	11	(17)	23	(12)	26
TOTAL	(214)	100	(73)	100	(47)	100

Chi Square = 13.47 $P < .05$

TABLE 22: NUMBER OF DAYS IN HOSPITAL OVER A ONE YEAR PERIOD AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL

(NUMBER AND PERCENTAGE)

NUMBER OF DAYS IN HOSPITAL	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
0	(487)	84	(134)	76	(61)	73
1-7	(44)	8	(13)	7	(9)	11
8+	(51)	8	(30)	17	(14)	16
TOTAL*	(582)	100	(177)	100	(84)	100

Chi Square = 13.33 $P < .01$

*3 Missing Observations

TABLE 23: TYPE OF DISABILITY*REPORTED BY RESPONDENTS WHO HAD SOME DISABILITIES OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

DISABILITY	GROUP			
	SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%
Use Telephone	(26)	15	(32)	38
Shopping	(53)	30	(77)	92
Prepare Meals	(14)	8	(50)	60
Heavy Housework	(110)	63	(78)	93
Handle Money	(11)	7	(45)	53
Dress	(0)	0	(14)	16
Take Care Of Appearance	(0)	0	(14)	16
Get In And Out Of Bed	(0)	0	(13)	15
Bath	(15)	8	(57)	67

*Disability is here defined as the requirement for assistance in carrying out the activity or the inability to do the activity.

TABLE 24: RECEIPT OF ASSISTANCE WITH DAY TO DAY ACTIVITIES AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
No Help Received	(378)	65	(48)	27	(6)	7
Help Received	(206)	35	(129)	73	(78)	93
TOTAL*	(584)	100	(177)	100	(84)	100

Chi Square = 149.08 $P < .01$

*1 Missing Observation

TABLE 25: NUMBER OF ACTIVITIES WITH WHICH ASSISTANCE WAS RECEIVED AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

NUMBER OF ACTIVITIES WITH WHICH HELP WAS RECEIVED	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
No Help Received	(378)	65	(48)	27	(6)	7
1	(111)	19	(34)	19	(8)	10
2-4	(87)	15	(66)	38	(14)	17
5+	(8)	1	(29)	16	(56)	66
TOTAL*	(584)	100	(177)	100	(84)	100

Chi Square = 401.95 $P < .01$

*1 Missing Observation

TABLE 26: NUMBER AND PERCENTAGE OF RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, AND WHO WERE FRAIL BY THE TYPE OF ACTIVITIES WITH WHICH THEY RECEIVED ASSISTANCE

	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
ACTIVITIES IN THE HOME						
Light Housework	(22)	4	(40)	23	(37)	44
Heavy Housework	(70)	12	(88)	50	(56)	67
Making a Cup of Tea	(1)	1	(3)	2	(16)	19
Meal Preparation	(1)	1	(9)	5	(30)	36
Laundry	(12)	2	(27)	15	(46)	55
House Repairs	(51)	9	(34)	21	(25)	36
Climbing Stairs	(3)	1	(15)	3	(16)	19
Mobility at Home	(1)	1	(1)	1	(7)	8
Using the Telephone	(0)	0	(4)	2	(16)	19
Mending	(5)	1	(3)	2	(18)	21
ACTIVITIES OUTSIDE OF THE HOME						
Yard Work	(122)	23	(70)	47	(43)	64
Shopping	(29)	5	(48)	27	(56)	67
Going Out in Good Weather	(3)	1	(2)	1	(17)	22
Going Out in Bad Weather	(9)	2	(18)	10	(32)	43
Banking	(7)	1	(11)	6	(47)	56
Paying Bills	(3)	1	(10)	6	(42)	50
Financial Assistance	(1)	1	(5)	2	(15)	18
PERSONAL						
Getting In and Out of Bed	(0)	0	(1)	1	(9)	11
Bathing	(0)	0	(1)	1	(22)	26
Dressing	(1)	1	(1)	1	(7)	8
Cutting Toenails	(27)	5	(20)	11	(30)	36

TABLE 27: PERCENTAGE OF TOTAL ASSISTANCE PROVIDED BY VARIOUS INDIVIDUALS TO RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL

PROVIDER OF ASSISTANCE	GROUP		
	NO DISABILITIES	SOME DISABILITIES	FRAIL
Daughter	10%	18%	20%
Son	12%	11%	12%
Other Family Member	22%	17%	24%
Spouse	8%	12%	24%
Neighbour/Friend	14%	11%	4%
Community Agency	2%	1%	4%
Paid Help	31%	29%	11%
Other	1%	1%	1%

TABLE 28: NUMBER AND PERCENTAGE OF RESPONDENTS WHO USED SPECIFIC COMMUNITY AGENCIES BY GROUP

COMMUNITY AGENCY	GROUP					
	NO DISABILITIES N = 584		SOME DISABILITIES N = 177		FRAIL N = 85	
	(N)	%	(N)	%	(N)	%
Visiting Nurse	(24)	4	(20)	11	(22)	26
Red Cross Homemaker	(9)	2	(9)	5	(15)	18
Home Care	(4)	1	(3)	2	(8)	9
Meals On Wheels	(2)	1	(5)	3	(4)	5
Friendly Visitor	(1)	1	(2)	1	(3)	4

TABLE 29: REQUESTS FOR ADDITIONAL ASSISTANCE AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
No Requests For Additional Assistance	(471)	81	(124)	70	(46)	55
Requests For Additional Assistance	(113)	19	(53)	30	(38)	45
TOTAL*	(584)	100	(177)	100	(84)	100

Chi Square = 30.99 $P<.01$

*1 Missing Observation

TABLE 30: NUMBER OF ADDITIONAL REQUESTS FOR ASSISTANCE AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL

NUMBER OF REQUESTS FOR ADDITIONAL ASSISTANCE	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
0	(471)	81	(124)	70	(46)	55
1	(59)	10	(19)	11	(13)	16
2	(33)	6	(16)	9	(9)	11
3+	(21)	3	(18)	10	(16)	18
TOTAL*	(584)	100	(177)	100	(84)	100

Chi Square = 63.59 $P < .01$

*1 Missing Observation

TABLE 31: TYPE OF REQUESTS FOR ADDITIONAL ASSISTANCE AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

	GROUP					
	NO DISABILITIES N = 584		SOME DISABILITIES N = 177		FRAIL N = 84	
	(N)	%	(N)	%	(N)	%
ACTIVITIES IN THE HOME						
Light Housework	(19)	3	(17)	10	(17)	20
Heavy Housework	(50)	9	(30)	17	(16)	19
Making a Cup of Tea	(3)	1	(1)	1	(1)	1
Meal Preparation	(9)	2	(5)	3	(7)	8
Laundry	(5)	1	(3)	2	(6)	7
House Repairs	(38)	7	(14)	9	(8)	9
Climbing Stairs	(2)	1	(6)	3	(2)	2
Mobility at Home	(0)	0	(1)	1	(1)	1
Using the Telephone	(0)	0	(3)	2	(2)	2
Mending	(3)	1	(3)	2	(2)	2
ACTIVITIES OUTSIDE OF THE HOME						
Yard Work	(46)	9	(16)	11	(8)	10
Shopping	(9)	2	(10)	6	(8)	10
Going Out in Good Weather	(1)	1	(2)	1	(0)	0
Going Out in Bad Weather	(5)	1	(7)	4	(7)	8
Banking	(3)	1	(2)	1	(4)	5
Paying Bills	(1)	1	(2)	1	(1)	1
Financial Assistance	(5)	1	(2)	1	(0)	0
PERSONAL						
Getting In and Out of Bed	(0)	0	(1)	1	(2)	2
Bathing	(0)	0	(0)	0	(2)	2
Dressing	(1)	0	(0)	0	(1)	1
Cutting Toenails	(16)	3	(12)	7	(12)	14
Taking Medication	(0)	0	(10)	0	(1)	1

TABLE 32: NUMBER AND PERCENTAGE OF RESPONDENTS WHO EXPRESSED INTEREST IN VARIOUS HOUSING ARRANGEMENTS BY GROUP

	GROUP					
	NO DISABILITIES N = 589		SOME DISABILITIES N = 177		FRAIL N = 85	
	(N)	%	(N)	%	(N)	%
Moving In With Family[1]	(90)	17	(27)	18	(18)	25
Moving In With Friends[2]	(18)	3	(2)	1	(4)	5
Staying Home With Community Services To Assist[3]	(327)	61	(93)	59	(49)	66
Staying Home With Family/ Friends To Assist[4]	(295)	53	(88)	54	(41)	55
Supportive Housing Arrangement[5]	(399)	71	(109)	67	(42)	55

[1] 79 Missing Observations

[2] 49 Missing Observations

[3] 78 Missing Observations

[4] 54 Missing Observations

[5] 44 Missing Observations

TABLE 33: FIRST MODE OF TRANSPORTATION USED FOR SHOPPING AMONG THE RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

MODE OF TRANSPORTATION	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Walk	(114)	20	(36)	21	(15)	25
Drive Self	(290)	50	(54)	32	(2)	3
Driven by Spouse	(55)	9	(23)	14	(11)	18
Driven by Relatives	(44)	8	(32)	19	(25)	41
Driven by Friends	(8)	2	(7)	4	(3)	5
Taxi	(8)	1	(7)	4	(1)	2
Public Transportation	(53)	9	(11)	6	(2)	3
Community Agency	(2)	1	-	-	(2)	3
TOTAL*	(574)	100	(170)	100	(61)	100

*41 Missing Observations

TABLE 34: FIRST MODE OF TRANSPORTATION USED FOR MEDICAL APPOINTMENTS AMONG THE RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

MODE OF TRANSPORTATION	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Walk	(76)	13	(25)	15	(9)	12
Drive Self	(277)	49	(50)	29	(2)	3
Driven by Spouse	(52)	9	(21)	12	(13)	17
Driven by Relative	(47)	8	(31)	18	(35)	45
Driven by Friends	(10)	2	(7)	4	(3)	4
Taxi	(13)	2	(14)	8	(9)	12
Public Transportation	(89)	16	(19)	11	(3)	4
Community Agency	(6)	1	(4)	3	(3)	3
TOTAL*	(570)	100	(171)	100	(77)	100

*28 Missing Observations

TABLE 35: FIRST MODE OF TRANSPORTATION USED FOR SOCIAL OCCASIONS AMONG THE RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

MODE OF TRANSPORTATION	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Walk	(65)	12	(17)	12	(4)	8
Drive Self	(277)	53	(46)	34	(3)	6
Driven by Spouse	(55)	10	(19)	14	(7)	16
Driven by Relatives	(33)	6	(24)	18	(23)	48
Driven by Friends	(32)	6	(14)	9	(6)	12
Taxi	(6)	1	(4)	3	(1)	2
Public Transportation	(58)	11	(13)	10	(4)	8
Community Agency	(2)	1	0	-	0	-
TOTAL*	(528)	100	(137)	100	(48)	100

*133 Missing Observations

TABLE 36: NUMBER AND PERCENTAGE OF RESPONDENTS REPORTING TRANSPORTATION PROBLEMS BY GROUP

	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Transportation Problems Reported	(39)	7	(21)	12	(18)	22
No Transportation Problems Reported	(543)	93	(156)	88	(63)	78
TOTAL*	(582)	100	(177)	100	(81)	100

Chi Square = 22.10 $P < .01$

*6 Missing Observations

TABLE 37: REPORTS OF TRANSPORTATION PROBLEMS RELATED TO SHOPPING AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL
(NUMBER AND PERCENTAGE)

	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Transportation Problems Reported	(23)	4	(13)	8	(13)	20
No Transportation Problems Reported	(555)	96	(161)	92	(52)	80
TOTAL*	(578)	100	(174)	100	(65)	100

Chi Square = 27.45 $P < .01$

*29 Missing Observations

TABLE 38: REPORTS OF TRANSPORTATION PROBLEMS RELATED TO MEDICAL APPOINTMENTS AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

	GROUP					
	NO DISABILITIES		NO DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Transportation Problems Reported	(15)	3	(11)	6	(14)	18
No Transportation Problems Reported	(562)	97	(164)	94	(65)	82
TOTAL*	(577)	100	(175)	100	(79)	100

Chi Square = 35.73 $P < .01$

*15 Missing Observations

TABLE 39: REPORTS OF TRANSPORTATION PROBLEMS RELATED TO SOCIAL OCCASIONS AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Transportation Problems Reported	(17)	3	(11)	7	(6)	11
No Transportation Problems Reported	(525)	97	(137)	93	(51)	89
TOTAL*	(542)	100	(148)	100	(57)	100

*99 Missing Observations - the large number of missing observations reflects the number of respondents who indicated that they did not attend social occasions.

TABLE 40: USE OF PUBLIC TRANSPORTATION AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Used Public Transportation	(309)	53	(87)	49	(29)	34
Did Not Use Public Transportation	(274)	47	(90)	51	(56)	66
TOTAL*	(583)	100	(177)	100	(85)	100

Chi Square = 10.70 $P < .01$

*1 Missing Observation

TABLE 41 FREQUENCY WITH WHICH ASSISTANCE IS USED WHEN TRAVELLING BY PUBLIC TRANSPORTATION AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

FREQUENCY WITH WHICH ASSISTANCE WAS USED	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Always	(7)	2	(5)	6	(9)	31
Sometimes	(20)	7	(11)	13	(6)	21
Never	(282)	91	(71)	81	(14)	48
TOTAL*	(309)	100	(87)	100	(29)	100

*421 Missing Observations - reflects the number of respondents who did not travel by public transportation

TABLE 42: REASONS FOR NOT USING PUBLIC TRANSPORTATION AMONG THE RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
No Need For Public Transportation	(211)	79	(53)	59	(19)	35
Too Expensive	(2)	1	(1)	1	(2)	4
Not Conveniently Located	(12)	5	(3)	3	(2)	4
Needs Assistance And Has None	(9)	4	(9)	9	(17)	31
Unable to Use It	(0)	0	(6)	7	(11)	20
No Public Transportation	(32)	11	(18)	21	(4)	6
TOTAL	(266)	100	(90)	100	(55)	100

TABLE 43: FREQUENCY WITH WHICH THE ASSISTANCE OF ANOTHER PERSON WAS USED WHEN TRAVELLING BY TAXIS AMONG RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL
(NUMBER AND PERCENTAGE)

FREQUENCY WITH WHICH ASSISTANCE WAS USED	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Always/Sometimes	(30)	18	(16)	22	(22)	66
Never	(136)	82	(56)	78	(11)	34
TOTAL	(166)	100	(72)	100	(33)	100

Chi Square = 72.69 P < .01

TABLE 44: TYPE OF TRANSPORTATION ASSISTANCE REQUESTED BY RESPONDENTS WHO HAD NO DISABILITIES, SOME DISABILITIES, OR WHO WERE FRAIL (NUMBER AND PERCENTAGE)

ASSISTANCE REQUESTED	GROUP					
	NO DISABILITIES		SOME DISABILITIES		FRAIL	
	(N)	%	(N)	%	(N)	%
Accompanying Individual	(21)	26	(18)	45	(13)	43
Transportation Service That Would Pick Them Up At Home	(38)	47	(9)	22	(7)	24
Financial Assistance With Taxis	(22)	27	(13)	33	(10)	33
TOTAL*	(81)	100	(40)	100	(30)	100

Chi Square = 28.77 $P < .01$

*4 Missing Observations

APPENDIX

OTHER PAPERS IN USCO SERIES

The data which was gathered in the USCO survey provides base line information on the living situation of senior citizens who are not living in institutions in the province of Ontario. The volume and comprehensiveness of the data demanded separate analysis to allow for clear and complete information regarding the association between variables. A series of papers resulted with each paper having a particular emphasis.

Within the series, seven papers are issue oriented:

1. Elderly Residents in Ontario: Their Health Status and Use of the Health Care System.
2. Elderly Residents in Ontario: Social Contacts, Providers of Assistance and Requests for Additional Assistance.
3. Elderly Residents in Ontario: Their Participation as Volunteers and Their Interest in Volunteerism.
4. Elderly Residents in Ontario: Their Use of Transportation.
5. Elderly Residents in Ontario: Their Potential and Actual Use of Community Services.
6. Elderly Residents in Ontario: Their Current Housing Situation and Their Interest in Various Housing Options.
7. Elderly Residents in Ontario: Their Participation in Leisure Activities and The Barriers to Their Participation.

Six papers provide profiles of subgroups within the population surveyed:

8. Elderly Residents in Ontario: The Experience of Those Who are Childless.
9. Elderly Residents in Ontario: Age Differences With Particular Focus on Persons Aged 85+.
10. Elderly Residents in Ontario: The Experiences of Those Who Are Frail.
11. Elderly Residents in Ontario: Differences By Marital Status With Particular Focus on Those Who Are Single.

12. Elderly Residents in Ontario: Income Group Differences.

13. Elderly Residents in Ontario: Rural-Urban Differences.

The series also includes:

14. Elderly Residents in Ontario: Study Methodology: a paper outlining the background of the study and the research methods employed.

15. Elderly Residents in Ontario: An Overview: a paper summarizing the findings and content of the other fourteen papers in the series.

The intention is that each of the fifteen papers in the series can be studied on its own but, also that the complete series will offer continuity and comprehensive information in an accessible form.

Additional copies of this report, and others in the series, are available in person from the Ontario Government Bookstore, 880 Bay Street, Toronto, Ontario;

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APPENDIX

GLOSSARY

Chi Square: a test of statistical significance which is used to determine whether variables are independent or related and to also determine the extent to which the relationship is systematic and is not just occuring by chance.

Cleaning: a method by which the data is systematically examined to identify and eliminate inappropriate codes and wild punches (key punching errors).

Coding: a method of transforming information from the interview schedule into a numerical scheme for purposes of data analysis. The codes are subsequently key punched onto a computer card and fed into the computer for analysis.

Community Agency/ Service: all health, social, legal and financial services available in a community and organized under public or voluntary auspices. The services may operate with or without paid staff, and may or may not charge the user for services rendered.

Cross Tabulations: a joint frequency distribution of cases according to two or more classificatory variables. The cross tabulations allow for statistical analysis using a test of significance such as the chi-square test.

Data: the information gathered in the study. In this project it consists of information gathered from the 846 interviews.

Dependent Variable: the outcome or determined condition in a relationship between two or more variables.

Disability: the requirement for assistance or the inability to carry out activities related to day to day living (i.e., housework, meal preparation.)

Frail: reports of three or more disabilities was the basis for defining a person as frail.

Frequencies: descriptive statistics used to organize data. The information is divided into variable categories or intervals and the number of cases in each category is known as the 'frequency' for that variable. The relative frequency is calculated by computing the percentage represented by the number of cases in each variable category.

Friendly Visiting: a community service wherein the individual receives personal visits from another person. This service may be organized under public or voluntary auspices and its purpose is to provide seniors with friendly contact.

G.I.S.: Guaranteed Income Supplement - a federal government supplement given to seniors to ensure that their income is at a specified level.

GAINS-A: Ontario provincial income supplement for senior citizens.

Health Care System: family physicians, specialists, hospitalizations, nursing home or rehabilitation centres.

Home Care: a program of visiting health care services to people in their own homes who meet eligibility criteria as established by the Ontario Ministry of Health.

Independent Variables: the determining condition in a relationship of two or more variables.

Institutional Settings: nursing homes, homes for the aged, chronic care units in general hospitals or chronic care hospitals, special care facilities and mental health facilities.

Instrument: the tool used to gather data; in this case the tool was an interview schedule.

Interfering Health Conditions: health conditions identified by a physician which the respondents consider to interfere with their day to day activities.

Interview Schedule: the questionnaire used by the interviewer to ask questions and record information.

Leisure Activity: an activity which a person participates in by choice and of their own volition; includes recreational activities, hobbies, volunteer work, etc.

Mean ($\bar{X}$): the sum of all the observations divided by the number of observations.

Missing Observations: instances in which the information is not available for a particular question.

Multiple Response: a procedure done on the computer with the use of SPSS whereby a analysis can be done of questions to which the respondents might legitimately make more than one reply.

OARS ADL Scale: specific questions developed for OARS (Older American Resources and Service Program of the Duke University Centre for the Study of Aging and Human Development). The ADL Scale measures the ability of respondents to carry out the activities of daily living (ADLS), (i.e., use of the telephone and meal preparation).

Old Age Security Data Base: a complete listing of all persons aged 62+ who receive the Old Age Security Pension.

Paid Help: distinguished from a community service in that it is assistance received which is not organized under public auspices as a service. It is all other assistance for which a fee is paid.

Personal Care Activities: activities such as bathing, dressing and getting in and out of bed.

Pretest: the testing of a research instrument such as a questionnaire or interview schedule prior to actually administering it for a study. The purpose of a pretest is to see how the instrument actually works in the field. The extent to which the questions are understood and the ease with which the instrument is administered is examined.

Previously Married: individuals who were married but are not presently married due to being widowed, divorced or separated.

Random Sample: a process for sample selection in which every element in the population is given an equal chance of being picked.

Represenativeness: the degree to which the study sample represents the population at large. Specific characteristics such as sex and age can be compared to determine the representativeness.

S.D.: a statistic which measures the scatter of a set of data and indicates the extent to which the responses vary around the mean.

SPSS: Statistical Package for the Social Sciences is a system of computer programs for the purpose of data analysis.

Sample: part of the population at large, selected for study.

Sample Frame: the base from which a sample is drawn, i.e., list of names.

Significant Differences: determined through a statistical procedure to establish that the relationship between variables did not occur by chance.

Single: persons who have never been married or are not living common-law.

Social Contacts: visits with friends and family or in person.

Socio-Economic: characteristics frequently used to measure social status such as educational level or income.

Stratified Sample: a sample procedure whereby all individuals are divided into groups or categories (in the case of this study it was communities) and then an independent sample is selected within each group or stratum.)

Supportive Housing Arrangements: a housing arrangement in which some supportive services are available, such as meals, house cleaning.

Tau: Kendal's Tau: a statistic used to measure the association among ordinal data. It summarizes the relationship between variables.

Variable: refers to a particular characteristic of the sample being considered.

Volunteer: a person who gives his/her time to a particular cause or organization without pay.